

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23						
24						
25						
26						
27	1					
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38	1					
39						
40						
41						
42						
43	1					
44						
45						
46						
47						
48						
49	1					
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59	1					
60						
61						
62						
63						
64	1					
65						
66						
67						
68						
69						
70						
71	1					
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	67	←		←		←
TOTAL CLAIMS	76					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS